

Katie A. Semi-Annual Progress Report

Cover Page

Reports are due April 1st and October 1st of each year. Please check the reporting period:

- May 15, 2013 – August 31, 2013 (Initial reporting period) October 18th
 April 1st
 October 1st

Katie A. Semi-Annual Progress Report Instructions

The Katie A. semi-annual progress reports are required by the Implementation Plan and should include information on the delivery of services occurring during the six months immediately preceding the report. The first of these reports is due on October 18, 2013, and includes information about services delivered May 15, 2013 through August 31, 2013. Enclosures 1 and 2 provide templates for the semi-annual report to be jointly prepared by Mental Health and Child Welfare Departments and submitted electronically.

Enclosure 1, Part A

The Mental Health Plans (MHPs) and Child Welfare Departments (CWDs) are to provide the total unduplicated numbers of subclass members, along with a breakdown of those subclass members grouped by the services being provided during the reporting period using the attached template. If the above numbers are not available, MHPs and CWDs are to provide an explanation of why they are not available and an estimated date of when the numbers will be available for each template item in Column 2 of Enclosure 1. This section (see Enclosure 1, Part A) of the progress report should build on the information counties provided in Section I of their Service Delivery Plans regarding identification of subclass members and the process used to determine their needs.

Enclosure 1, Part B

The MHPs and CWDs are to provide an estimated projection of the number of subclass members that will be provided with Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) by April 1, 2014, along with strategies and timelines to ensure access to ICC and IHBS, when medically necessary, and consistent with the Core Practice Model (CPM). In the column on Enclosure 1, Part B that reads "Strategy/Timeline Description," MHPs and CWDs should describe their plans for the identification of subclass children and youth who are identified in Enclosure 1, Part A, 4, 5, 6, 7 and 8 using the identifier and claiming codes for ICC and IHBS services.

Enclosure 2

The CWDs and MHPs should provide an update to the Readiness Assessment Tool counties completed in May 2013. Describe activities related to each section during the reporting period, including actual or anticipated results. Include activities that support family-centered principles, and promote implementation of the ICC and IHBS using the CPM. Identify activities that occur jointly and those that occur separately by child welfare and mental health agencies. Include information about barriers, as appropriate, and strategies to address them. For each section, MHPs and CWDs should specify technical assistance or state support needed regarding implementation of CPM, ICC, and IHBS.

Submittal Instructions: Please submit electronically to the California Department of Health Care Services at: KatieA@dhcs.ca.gov, and the California Department of Social Services at: KatieA@dss.ca.gov. Reports are due on April 1st and October 1st of each year.

County:	San Francisco	Date:	10/15/2013
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Name and Contact Information County Child Welfare Department Representative					
Name:	Liz Crudo				
Title:	Program Manager				
County:	San Francisco				
Agency Name:	Human Services Agency				
Address:	170 Otis Street				
City:	San Francisco	State:	CA	Zip Code:	94120
Phone:	415 557 6502	E-mail:	liz.crudo@sfgov.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Alison Lustbader				
Title:	Program Manager				
County:	San Francisco				
Agency Name:	Community Behavioral Health				
Address:	1380 Howard Street				
City:	San Francisco	State:	CA	Zip Code:	94103
Phone:	415 225 7022	E-mail:	alison.lustbader@sfdph.org		

Name and Contact Information (other stakeholders)					
Name:					
Title:					
County:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

Name and Contact Information (Other stakeholder)					
Name:					
Title:					
County:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

County:	San Francisco	Date:	10/15/2013
PART A: Services Provided at Any Point Within the Reporting Period			
Item #	Information Requested	Column 1 10/18/13	Column 2 Timelines
Instruction	For subclass members, provide the numerical count for the following:	Provide the number of children/youth per category	If Column 1 is blank, provide an explanation why the number is unavailable and an estimated date the number will be available
1	In Subclass (unduplicated).	570	
2	Receiving Intensive Care Coordination (ICC).	138	
3	Receiving Intensive Home Based Services (IHBS).	141	
4	Receiving intensive Specialty Mental Health Services (SMHS) through a Wraparound Program or Full Service Partnership Program consistent with the Core Practice Model (CPM), but not claimed as ICC and IHBS. <i>Do not include youth already counted in 2 or 3 above.</i>	4	
5	Receiving other intensive SMHS, but not receiving ICC or IHBS. Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC). <i>Do not include youth already counted in 2, 3, or 4</i>	15	I have included RBS community clients
6	Receiving services not reporting in 2, 3, 4, & 5 above.	395	This is our clients who are receiving mental health services. Including individual, family, meds management
7	Not receiving SMHS.	15	
8	Declined ICC or IHBS.		Currently we do not have a way to track this. We will be working with our ICC and ICBHS providers on a way to track when and why families refuse this service

County:		Date:	
PART B: Projected Services			
Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC	225	<p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to:</p> <ol style="list-style-type: none"> 1. newly identified children/youth and 2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary <p>HSA and CBHS are meeting to discuss allocating additional EPSDT to our current and future ICC and IHBS providers to prepare for expansion. We are training our RBS providers to begin using ICC and IHBS in their service delivery to clients in the community.</p> <p>We are going to begin a PSA to have all new clients entering HSA have a CANS and a mental health care coordinator who will attend Team Decision Meetings and Family Conferences to ensure service delivery.</p>
2	IHBS	225	

County: San Francisco Reporting Period: 5/15-8/13 Date Completed: 10/15/13

Please provide an update to the Readiness Assessment Tool counties completed in May 2013. Describe activities related to each section during the reporting period, including actual or anticipated results. Include activities that support family-centered principals, and promote implementation of the ICC and IHBS using Core Practice Model. Identify activities that occur jointly and those that occur separately by child welfare and mental health agencies. Include information about barriers, as appropriate, and strategies to address them.

For each section, please indicate if training or technical assistance from the state is needed. When indicated, CDSS and DHCS will contact the county child welfare and mental health departments for further information. Please note that training and technical assistance needs will be addressed in a coordinated manner through each county’s child welfare and mental health contacts.

Use additional pages, if necessary.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i>	Both Agencies HAS and CBHS have spent extensive time training staff in implementing family centered services. Parent partners from both agencies have been incorporated into treatment planning and case consultation. As well as interagency collaboration	
Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i>	Different cases are presented weekly to our multi agency services team. Where representatives from Probation, HAS,CBHS,SFUSD as well as community and parent partners collaborate on decisions.	
Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i>	There has been funding allocated for 5 new positions to increase capacity. We are currently piloting some new assessment tools by a small group of staff to see how affective they are in assessing the class and subclass.	
Service Array <i>Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.</i>	The focus of treatment at CBHS has been shifting to a trauma informed care model. There has been several trainings and workshops to support staff in this model. In addition both CBHS and HSA have ongoing trainings in cultural competency, and EBP. Including Trauma Focused CBT, Triple P and Parent Child Psychotherapy	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Our current Katie A subclass providers have implemented a core practice model. HSA currently has Team Decision Making, Family Conferencing, and Family Team Building that CBHS will participate in.</p>	
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>The county has contracts with family resource centers which provide us with culturally appropriate services as well as language capacity. Both departments strive to have workers that reflect the client population.</p>	
<p>Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<p>Both departments have data collection analysis in place. We are finding it very challenging to share data across agencies. We are working on developing more effective ways to share data.</p>	<p>Yes</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Family Centered services are the core of our Katie A implementation. We are convening stakeholders on 10/16 to discuss priorities and gaps in service delivery. Both departments will meet those gaps and identify funding opportunities.</p>	